

STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 Milk and Dairy Food Safety Branch
 1220 N Street
 Sacramento, CA 95814
 (916) 900-5008



APPLICATION FOR A PRODUCTS RESEMBLING MILK PRODUCTS PLANT LICENSE

Application is hereby made for a license to operate a Products Resembling Milk Products Plant for the calendar year ending December 31, 20__ in _____ County.

NAME OF BUSINESS: _____ PHONE #: _____

LOCATION OF BUSINESS: _____
Number Street Unit # City Zip Code

MAILING ADDRESS: _____
Number Street Unit # City Zip Code

Email Address: _____

CHECK ONE: Individual Partnership LLC Corporation FED TAX ID#: ____ - ____

NAME OF OWNER(S) (PLEASE PRINT; if corporation, give name of President):

LAST NAME: _____ FIRST NAME: _____

Signature: _____ Date: _____

PRODUCTS PROCESSED / MANUFACTURED:

NONDAIRY (no milk or milk solids) _____	All MILKFAT REPLACED (by other fats/oils) _____	ADDED FATS/OILS (in addition to milk fat) _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Each product is required to be registered separately. See Application Form 72-259

Please make the check payable to: **CDFA 90104**. Mail this application and \$100.00 fee to:

**CASHIER, California Department of Food and Agriculture
 P.O. Box 942872, Sacramento, CA 94271-2872**

Please be sure all information is COMPLETE & LEGIBLE. A license cannot be issued if application is incomplete.

***** **FOR CDFA USE ONLY** *****

New Plant: YES NO PREVIOUS OWNER'S LAST OPERATING DATE: _____

The equipment and sanitary conditions at this facility are satisfactory for issuance of a Products Resembling Milk Products License.

RDI's Signature: _____ RDI # _____ Date _____

Amount Received: \$ _____ RC#: _____